

HEALTH and MEDICAL SERVICES

Primary Agency: Department of Health & Human Services (DHHS)

Support Agencies: Department of Agriculture, Markets & Food
Department of Education
Department of Environmental Services (DES)
Division of Waste Management
Division of Water
Department of Justice (DOJ)
Chief Medical Examiner
Department of Safety
Division of Fire Standards & Training, EMS
Division of State Police

I. Introduction

A. Purpose

To ensure the provision of comprehensive health, medical and/or human services to disaster victims, their families and response personnel and to coordinate the supplementation and support to disrupted or overburdened local health and medical personnel and facilities.

B. Scope

The intent of Health and Medical Services is to provide for the provisions necessary to support comprehensive health, medical and/or human services delivery in a disaster impacted area. This support will include but not be limited to Direct Human Services, Public Health and Safety Services, Mental Health Services, Emergency Services, Laboratory Services, and Pharmacy Services.

II. Planning Assumptions

- A.** It is increasingly probable that an incident will occur which will require activation (partial or complete) of Health and Medical Services.
- B.** Problems related to health and safety can take multiple forms within an incident or be singular in nature.
- C.** This plan could be utilized in part or in its entirety for the duration of an incident that may last days, weeks, months or longer.

- D.* The plan will be modified during an incident as necessary to meet the health and medical response requirements of each incident.
- E.* The needs of the response community will have to be met to ensure the response capability is sustained.
- F.* Each branch will be responsible for initiating legislative, and licensure/certification changes as needed to ensure response requirements are met.

III. Concept of Operations

A. General

Upon activation of the State's Emergency Operations Plan and notification from the Bureau of Emergency Management (BEM) of an emergency requiring health, medical and/or human services (OR on its own initiative), the DHHS will:

1. Initiate the DHHS Incident Management Team, if appropriate.
2. Staff all appropriate emergency operations centers and DHHS Incident Command Center(s) as appropriate to meet the needs of the emergency.
3. Enlist the support of pertinent local health departments, human services agencies, health officers and, where appropriate, Federal agencies.
4. Where compacts exist, notify counterparts in neighboring States and initiate any request for assistance that may be necessary.
5. At the State EOC, establish liaison with other ESFs and supporting State agencies.
6. Coordinate with Federal authorities, as the situation warrants.

B. Functional Areas of Responsibilities

1. General

- a. Each operational branch of Health and Medical Services will be responsible for coordinating local, State, and Federal resources and services, as needed.
- b. Provide necessary training as needed.

- c. Document all agency activities, personnel, equipment, facility utilization, and other expenditures, as prescribed in Attachment____.
- d. Provide periodic updates regarding logistical support activities and/or operations.

2. Operations Section

- a. Provide operational coordination and management where appropriate, in support of the management of Health and Medical Services.
- b. Provide health, medical and/or human services support to other ESFs, as requested.
- c. Assess the State's health, medical and/or human services capabilities and resources.
- d. Coordinate local, State, Federal, and International resources, as needed.
- e. Provide periodic updates regarding agency activities and operations.
- f. Implement interagency agreements as needed to support Health and Medical Services activities and operations.

3. Public Health and Safety Services Branch

- a. Coordinate patient tracking, registration, family notification, and long-term occupational and environmental health surveillance.
- b. Conduct and coordinate epidemiological investigations.
- c. Provide medical and disease monitoring and surveillance.
- d. Coordinate integration of local and State health department activities with Federal and International resources.
- e. Coordinate public education initiatives.
- f. Organize and provide environmental sanitation activities to include vector control, food and potable water safety, environmental monitoring, and biohazard waste safety.

4. Direct Human Services Branch

- a. Coordinate shelter and reception center activities.
- b. Coordinate food stamp distribution.
- c. Coordinate foster care services.
- d. Coordinate elder care services.
- e. Coordinate vulnerable population support.
- f. Coordinate Women, Infants, and Children (WIC) services.
- g. Coordinate children's services.

5. Behavioral Health Services Branch

- a. Manage acute crisis, intermediate, and long-term behavioral health support to:
 - i) Patients
 - ii) Family
 - iii) General community
 - iv) Responders (inclusive)
- b. Coordinate local, State, and Federal behavioral health resources, including the five New Hampshire Regional Disaster Behavioral Health Response Teams (DBHRT).

6. Emergency Services Branch

- a. Coordinate public and private EMS resources including:
 - i) Ground units
 - ii) Aeromedical programs
 - iii) Unassigned EMS licensed personnel through Volunteers and Donations.
- b. Coordinate health care facilities including:
 - i) Hospitals
 - ii) Clinics, HMO's and Physician offices
 - iii) Nursing Homes
 - iv) Field Hospitals
 - v) Other health facilities (e.g., substance abuse, residential and alternative care sites)

- c. Coordinate fatality management response including:
 - i) Medical Examiner's Office
 - ii) Funeral Homes
 - iii) Disaster Mortuary Operational Team (DMORT)
 - iv) Family Assistance Centers
 - v) Hospital Morgues
- d. Coordinate Federal medical response resources including:
 - i) Disaster Medical Assistance Team (DMAT)
 - ii) National Medical Response Team (NMRT)
 - iii) Veterinary Medical Assistance Team (VMAT)

7. Laboratory Services Branch

- a. Coordinate with other State laboratories and, where appropriate, private laboratories to do sample testing and result reporting for:
 - i) Patients, Hospitals and Clinics
 - ii) Law enforcement
 - iii) The environment (except for air)
 - iv) Facilities
 - v) Animals

8. Pharmacy Services Branch

- a. Coordinate support from local, State, and Federal pharmacies (public and private).
- b. Coordinate support from State and Federal veterinary medication resources including:
 - i) Veterinary clinics
 - ii) Disaster Veterinary Emergency Team (DVET)
- c. Coordinate with BEM and pertinent ESFs all activities related to the Strategic National Stockpile (SNS) to include:
 - i) Request
 - ii) Acquisition/Receipt
 - iii) Storage
 - iv) Distribution
 - v) Resupply
 - vi) Vendor Managed Inventory

- vii) Security
- d. Coordinate drug safety activities and practices.
- e. Coordinate support for local Mass Medication Center operations as needed, including:
 - i) Staffing
 - ii) Medications
 - iii) Medical equipment and supplies
 - iv) Support equipment and services

9. **Logistics Section**

- a. Provide logistical coordination and management in support of Health and Medical Services.
- b. Coordinate the request, acquisition and assignment of local, State, Federal, and International resources, as needed.
- c. Implement interagency agreements as needed to support Health and Medical Services activities and operations.
- d. Develop and implement new purchase agreements with vendors capable of meeting resource requirements of Health and Medical Services activities and operations.
- e. Acquire and distribute needed medical equipment and supplies.
- f. Acquire and distribute needed communication and information technology.
- g. Identify, mobilize and coordinate with the Operations Section the assignment of needed personnel.
- h. Acquire and distribute needed transportation assistance.
- i. Acquire and distribute needed utility support.
- j. Provide for security, as needed.
- k. Acquire and manage facilities, as needed.

10. **Administration/Finance Section**

- a. Provide administrative coordination in support of the management of Health and Medical Services.
- b. Document the request, acquisition, assignment, and costs associated with local, State, Federal, and International resource utilization.
- c. Assist the Logistics Section and Resource Support, as necessary in executing new purchase agreements, acquiring needed resources, and paying for vendor and interagency agreements as needed to support Health and Medical Services activities and operations.
- d. Ensure the documentation of all aspects of time commitments by Health and Medical Services related response agencies and institutions.
- e. Coordinate cost accounting activities for all operations related to Health and Medical Services.
- f. Coordinate all recovery related planning.
- g. Identify State and Federal statutes related to financial recovery, and ensure compliance.

11. Information and Planning Section

- a. Provide administrative coordination and management of information transmission and planning for Health and Medical Services.
- b. Document initial and on-going Health and Medical Services decision-making and critical actions taken.
- c. Coordinate initial and on-going information acquisition and sharing, to include:
 - i) Preparation and presentation of shift briefings
 - ii) Preparation of Situation Reports and Action Plans
 - iii) Preparation and presentation of planning and information briefings at the request of the Incident Commander
- d. Coordinate long-term planning activities, including:
 - i) Development of extended operations plans

- ii) Coordination of individual and multi-agency post-incident debriefing efforts (e.g., critiques, public hearings) and After-Action Report writing

C. Organization

1. The functional organization structure of Health and Medical Services is shown in **Figures 8-1 and 8-2, *Functional Organization of Health and Medical Services***.
2. Health and Medical Services will be staffed primarily by DHHS personnel and augmented by support agencies and community organizations, as required. The functions of Health and Medical Services will be managed by the DHHS Incident Management Team from the appropriate DHHS Incident Command Center(s), implemented and/or coordinated through the Health and Medical Services Coordinator at the State's Emergency Operations Center (EOC) to dispense personnel and field units, as required. Hence the following:
 - a. Except as may be needed for field operations, the Commissioner and the DHHS Incident Management Team will operate from its principal headquarters in Concord, NH, with the Health and Medical Services Coordinator occupying a location at the State EOC.
 - b. The Commissioner and Incident Management Team will determine the particular resources needed from DHHS and, depending on the type of emergency, shall consult the organization chart contained in Section V (attachments) of Health and Medical Services for appropriate resources; choose appropriate divisions, offices, bureaus and programs to respond; and order the Health and Medical Services Coordinator to initiate pertinent emergency notification procedures.

3. Interagency Coordination

Upon notification of an emergency requiring the activation of the EOC - or other significant State response - the primary agency for Health and Medical Services will brief and consult with designated essential personnel, support agency representatives, and the Director of the Bureau of Emergency Management or their designee to implement Standard Operating Procedures (SOP) and Standard Operating Guides (SOG) to assure the health, medical, and human services needs of response personnel, and disaster victims and their families are being met. That response may involve:

- a. Other Emergency Support Functions
- b. State Agencies
- c. Non-State Agencies (including community organizations)
- d. Out-of-state and International Agencies
- e. Federal Agencies

3. **Incident Management Team (IMT)**

The DHHS Incident Management Team is an emergency-response structure and system that adheres to the command, control and communications features inherent of the Incident Command System (ICS). In an Health and Medical Services activation, the IMT is mobilized by the DHHS Commissioner (or designee), with the IMT Leader being selected based on the type of crisis presented. The IMT Leader subsequently activates the IMT Sections – Administration & Finance, Logistics, Information & Planning, and Operations. The IMT relays alert/notification and activation/deactivation orders for DHHS assets – as appropriate to respond to and recover from the emergency – to the Health and Medical Services Coordinator located at the EOC.

4. **Specialized Teams/Units**

- a. Critical Incident Stress Debriefing Team (CISDT)
This organization is comprised of specially trained persons who assist victims, families, the general community, and first responders mentally and emotionally cope with disaster response and recovery efforts.
- b. DHHS/Red Cross Volunteer Mental Health Team
A volunteer group comprised of DHHS employees (e.g., mental health counselors, substance abuse workers, social workers, nurses) who will respond to a disaster mental health assistance request to Mass Care, in the event of a declared emergency.
- c. Rapid Needs Assessment Team (RNAT)
A proposed multi-agency team that would be mobilized by the Bureau of Emergency Management to visit an area of the State adversely affected by a disaster to conduct a needs assessment and communicate that information to the EOC. The RNAT, which includes DHHS personnel, is equipped to be self-sustaining for up to 72-hours.
- d. Radiological Sampling Teams

A sampling component of the State's Radiological Emergency Response Plan, which is comprised of personnel and specialized equipment from DHHS, BEM, Department of Environmental Services, and the Department of Agriculture. The purpose of the team is to take environmental, food and water samples to test for the presence of radioactive isotopes.

- e. The Action Response Group for Emergencies and Tampering (TARGET)

A team that is comprised of assets from the Public Health Laboratories, Bureau of Communicable Disease Control & Surveillance, and the Bureau of Food Protection to respond to tampering incidents and disease emergencies. TARGET is activated by the Bureau of Food Protection in the event of a tampering incident, and by the Bureau of Communicable Disease Control & Surveillance in the event of a disease outbreak.

- f. Disaster Behavioral Health Response Team (DBHRT)

There are five regional volunteer Disaster Behavioral Health Response Teams in New Hampshire that have been specially trained by DHHS to assist victims, families, the general community, and first responders cope with the emotional and behavioral aspects of the disaster and recovery efforts. Each team is comprised of 80 to 100 counselors, social workers, psychiatrists, psychologists, ministers, etc. who live or work in the affected community.

- g. Radiological Emergency Response Team

A team trained in radiation safety and radiological-emergency response in order to respond to, or assist in responses to, incidents involving radioactive materials.

5. **Operational Facilities/Sites and Incident Command Centers**

- a. Incident Command Center (ICC), Room 460, DHHS Headquarters

A specially equipped conference room located at the Brown Building (State Office Park South) for use by the Commissioner or IMT Leader to coordinate DHHS emergency response and recovery efforts.

- b. Alternate ICC, Room 312, OCPH Building

A specially equipped conference room located at the Meldrim Thomson Building (29 Hazen Drive) for use by the Director of the Office of Community and Public Health (OCPH) and/or DHHS response assets in the event of an emergency.

D. Notification and Activation

1. The DHHS shall activate Health and Medical Services either upon:
 - a. Notification by the Bureau of Emergency Management that the support services of DHHS are required to prepare for, respond to and recovery from an emergency; OR
 - b. Its own initiative because of concerns about the public's health and safety (e.g. disease outbreak).

If the activation should take place under (b) above, DHHS shall immediately notify the Bureau of Emergency Management.

2. Support agencies shall be informed of the potential need for their services by telephone (or other backup communications means) in accordance with the Health and Medical Services Alert & Notification call list in Section V (attachments) of Health and Medical Services.
3. The DHHS Commissioner or designee shall assign the Incident Management Team Leader or designee to act as principal contact at the appropriate Incident Command Center.
4. The DHHS Commissioner (or his/her designee) shall report to the State EOC after notifying the support agencies.

E. Agency Communications

- a. Department of Safety – Health Alert Network
- b. Department of Safety – Enhanced 9-11 for language-translation services.
- c. DHHS Salem District Office, Southern NH Services for Spanish, International Institute of NH, and DHHS Volunteer Translation Pool for language-translation services.
- d. State Police Online Telecommunications System (SPOTS) to send out tampering advisories, etc. to law enforcement agencies statewide.

- e. National Weather Service Civil Service Announcements for public health advisories and personal protective actions.
- f. Bureau of Emergency Management's Public Inquiry and Rumor Control (PIRC) system to dispel public health rumors.
- g. Emergency Alert System (EAS) for public health advisories and personal protective actions.
- h. NH Hospital switchboard for notification of DHHS staff and State Police.
- i. DHHS website for public health advisories, personal protective actions, and related health information.

F. Emergency Response Actions

- 1. The DHHS Commissioner or designee shall:
 - a. Establish liaison with:
 - i) Local health departments, health officers, human services agencies or community organizations, as are appropriate to the situation.
 - ii) Federal agencies as deemed appropriate to the situation.
 - b. In conjunction with support agencies at the State EOC, identify resource needs that may be obtained through DHHS.
 - c. Ensure that uninterrupted communication between the Commissioner and the Incident Management Team Leader is in place and operational.
 - d. Direct the Incident Management Team Leader to implement SOPs/SOGs that are appropriate for the emergency.

G. Recovery Actions

1. The DHHS Commissioner or designee shall:
 - a. In conjunction with other agencies at the State EOC, implement required procedures (contained in Section V, Attachments) of Health and Medical Services.
 - b. Direct the Incident Management Team Leader to instruct the support agencies to activate recovery SOPs/SOGs.

H. Deactivation

1. The DHHS Commissioner or designee shall:
 - a. In conjunction with other agencies at the State EOC, implement required procedures (contained in Section V, Attachments) of Health and Medical Services.
 - b. Direct the Incident Management Team Leader to instruct the support agencies to initiate deactivation SOPs/SOGs.

III. Roles and Responsibilities

A. Primary Agency – DHHS

1. Activate the DHHS Incident Management Team as well as Health and Medical Services and its support agencies as needed to support emergency operations.
2. Coordinate with Communications & Alerting, to establish and maintain a secure communication capability within the health, medical, and human services community.
3. Coordinate all emergency operations and activities of Health and Medical Services to ensure the sustainment of emergency health, medical, and human services capabilities during emergency operations.
4. Coordinate with Resource Support, to obtain additional equipment and supplies, as needed.
5. Coordinate with Hazardous Materials, for decontamination capabilities at hospitals and other health and medical facilities, as needed.

6. Coordinate with the Bureau of Health Risk Assessment to provide information on health-risk assessment and injury prevention to first responders and the general public.
7. Coordinate with support agencies to assure the health, medical, and human services needs of disaster victims and response personnel are being met.
8. Coordinate with Transportation, for the provision of vehicles to deploy personnel to the field.
9. Provide personnel and resources to conduct patient tracking, trace backs, epidemiological investigations, and medical surveillance, as required.
10. Provide appropriate monitoring and surveillance capabilities.
11. Provide for the collection, transfer, testing, and result sharing of laboratory samples, as needed.
12. Provide personnel and resources to ensure drug safety, as well as the safety of food and water supplies.
13. Coordinate the dissemination of health and safety information to first responders, human services, healthcare providers, and public works.
14. Coordinate with Public Information, for the dissemination of public health and safety information, and to control and dispel rumors.
15. Coordinate with Firefighting, and Law Enforcement & Security, to ensure the health, safety, and mental well being of emergency workers. Provide crisis counseling and critical incident stress debriefing and management, as needed or requested.
16. Coordinate with Law Enforcement & Security, to provide necessary security, transportation, and escort.
17. Prioritize resource requests and allocations, as needed.
18. Coordinate interfacility transfers using State and Federal resources.
19. Provide acute, intermediate, and long-term behavioral health support to victims, families, and the general community.
20. Coordinate with Volunteers & Donations, to recruit, credential, and use volunteer health practitioners and non-clinician volunteers to support disaster victims and response personnel.

21. Coordinate with the Medical Examiner's Office to manage the deceased.
22. Coordinate with Law Enforcement & Security, in conducting joint incident investigations when the situation warrants
23. Ensure that an Incident Action Plan is developed for each operational period and that it is coordinated with the EOC Operations Officer and Information and Planning.
24. Collect and maintain status information pertinent to Health and Medical Services and coordinate with Information & Planning, to ensure that it is included in the Situation Report (SITREP).
25. Provide for the collection, transfer, and appropriate disposal of hazardous medical waste.
26. Coordinate with the State's colleges and universities as necessary.
27. Coordinate with Food, and Mass Care & Shelter, to provide emergency food stamps, if necessary.

B. Support Agencies

1. General

- a. Provide operational support and resources, where appropriate, in support of the management of Health and Medical Services.
- b. Provide health, medical, and human services support to other ESFs, as requested.
- c. Assess the State's medical capabilities and resources.
- d. Provide periodic updates regarding agency activities/operations.
- e. Implement interagency agreements as needed to support Health and Medical Services activities/operations.
- f. Document all agency activities, personnel, equipment, and facility utilization, and other expenditures, as prescribed in Attachment____.
- g. Provide appropriate training as necessary.

2. Department of Agriculture, Markets and Food

- a. Provide laboratory-testing assistance, as requested.
- b. Provide personnel and resources to assist DHHS with the inspection and sanitation of consumer food products if deemed necessary.
- c. Provide personnel and resources to inspect animal feed so as to ensure the safety of the public's food supply.
- d. Coordinate with the Operations Section, Public Health and Safety Services Branch, Environmental Sanitation Unit of Health and Medical Services to ensure the safety of food and water from contaminants.
- e. Diagnose, control, and eradicate zoonotic and plant related diseases.

3. Department of Education

Facilitate school sites and resources related to incident management activities.

4. Department of Environmental Services (DES)

- a. Provide supplementary staff, as requested.
- b. Provide laboratory services, as requested.
- c. Provide personnel and resources to help ensure the safety of water used by the public.
- d. Provide personnel and resources to help ensure safety related to sewage treatment.
- e. Provide personnel and resources to assist with hazardous materials related incidents.
- f. Assist in identifying health risks to responders and the general public from chemicals.

5. Department of Justice – Chief Medical Examiner

- a. Coordinate the Fatalities Management Unit (Operations Section of the State EOP) and direct fatalities management operations, as needed.
- b. Maintain custody and control of human remains and the personal effects associated with those remains.

- c. Participate with Law Enforcement & Security, to conduct a medico-legal investigation into the circumstances surrounding the critical incident.
 - d. Conduct an examination of human remains to establish positive identification of remains, determine the cause, mechanism and manner of death, and identify and recover physical evidence.
 - e. Direct the notification of next of kin when positive identification of the deceased has been established and coordinate release of remains and personal effects to next of kin.
 - f. Coordinate with Resource Support, for the provision of needed resources to carry out fatality management operations.
- 6. **Department of Safety – Fire Standards & Training – EMS**
 - a. Coordinate the provision of emergency medical services, as needed.
 - b. Ensure the triage, treatment, and transport of disaster victims is in accordance with established protocols.
 - c. Provide personnel and resources as needed and as available.
 - d. Coordinate and maintain training and certification for response personnel.
- 7. **Department of Safety – State Police**
 - a. Provide security and escorts, as required during transit to and from the state and to and from the dispensing centers. (e.g., Strategic National Stockpile, mass medication centers).
 - b. Identify and ensure access routes are available.
 - c. Coordinate with the law enforcement agencies from non-impacted areas in the State for the provision of security and restricting access at health and medical facilities within the effected area.
 - d. Provide emergency transportation of blood, health/medical personnel, and medications, if needed.
 - e. Provide telecommunications assistance via State Police Online Telecommunications System (SPOTS).

- f. Provide forensic laboratory services, as requested and available.
- g. Integrate with DHHS for conducting a joint incident investigation when the situation warrants

IV. References

A. Plans

- 1. Interim Strategic National Stockpile Plan (“New Hampshire National Pharmaceutical Stockpile Deployment and Management”)
- 2. Radiological Emergency Response Plan
- 3. Influenza Pandemic Plan
- 4. Disaster Food Stamp Plan
- 5. Division of Behavioral Health Disaster Response Plan (Draft)
- 6. State of New Hampshire Interim Smallpox Response Plan
- 7. New Hampshire Mass Fatality Plan
- 8. Individuals and Households Program Plan
- 9. State of New Hampshire SARS Surveillance and Clinical Response Guidelines (Interim)
- 10. State of New Hampshire Interim SARS Epidemic Preparedness Plan

Note: All plans are bound separately.

B. Standard Operating Procedures/Guides (SOPs/SOGs)

- 1. Health and Medical Services Alert and Notification SOG (*Forthcoming*)
- 2. Health and Medical Services Activation and Deactivation SOG (*Forthcoming*)

C. Compacts/Mutual Aid/Memoranda of Agreements

- 1. New Hampshire Hospital Mutual Aid Network MOU
- 2. “Resource Sharing Between the Department of Safety and the Department of Health and Human Services” (MOU, September 4, 2003)

VI. Attachments

A. Forms

1. Chronological Event Log
2. Incident Report
3. Status Report
4. Message Form
5. BEM Emergency Shift Change
6. State Agency Emergency Shift Schedule
7. Federal / State Point of Contact Worksheet
8. Emergency Telephone Numbers – DHHS (needs revision)
9. DHHS Organizational Chart (needs revision)
10. Financial Recovery / Reimbursement Forms

NOTE: All forms are bound separately and are located in the EOC.